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Country note**

Egypt

Summary

The Executive Director presents the country note for Egypt for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Over the last decade, Egypt has made great strides towards the achievement of child rights. By 1999, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were estimated at 41 and 52 per 1,000 live births, respectively (Demographic and Health Survey (DHS), 2000), or about half the levels of 1990. Immunization coverage has remained above 90 per cent since 1996 and is currently 95 per cent. Primary school net enrolment rose from 87 per cent in 1990/91 to 94 per cent in 1998/99, and the gender gap has decreased from 12 per cent to 5 per cent over the last five years. The proportion of children completing grade 5 now shows no gender differences. Government statistics show improved access to safe drinking water, from 69 per cent in 1996 to 83 per cent in 1999. The Presidential Declaration of the Decade of the Egyptian Child (1989-1999) placed children at the centre of Egypt's social development plans, mandating the National Council for Childhood and Motherhood with monitoring the translation of political will into budgetary allocations and results for children. Commitment has remained high, resulting in the

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) and Egypt's new Social Development Agenda, both of which focus on the nation's youth and on the disadvantaged.

2. Yet challenges remain. Despite a decline in the total fertility rate from 5.3 in 1979 to 3.5 in 1999 (DHS, 2000), Egypt's population of about 67 million is expected to double by 2029. Rural Upper Egypt has much higher IMR and U5MR, 69 and 88 per 1,000 live births, respectively (DHS, 2000); the highest rate of stunting in children (27 per cent); and the highest incidence of poverty. Rural Egypt's access to safe drinking water (62 per cent) is well below the national average, as is its access to safe disposal of human excreta (18 per cent against a national average of 45 per cent). The degradation of water quality from excreta and wastewater is a serious concern. Routine distribution of vitamin A now covers 94 and 88 per cent of children aged 9 and 18 months, respectively, but only 30 per cent of mothers after delivery. Only 56 per cent of households consume iodized salt, although it is widely available in the market. Iron deficiency anaemia remains serious, affecting 28, 25, 32 and 30 per cent, respectively, of women of child-bearing age, pregnant women, lactating women and pre-school-age children. Nine cases of polio were confirmed in 1999.

3. Important disparities also persist in education: some 40 per cent of girls age 7 to 13 are out of school in rural Upper Egypt, as compared to 32 per cent of boys. Poor households spend a disproportionate share of their income on basic education. The bulk of these costs go to teachers for private tuition.

4. The 1993 National Maternal Mortality Audit showed a maternal mortality rate (MMR) of 174 per 100,000 live births. Antenatal care and delivery assistance have improved, but disparities remain significant: 87 per cent of deliveries in urban governorates are supervised by skilled medical personnel, compared to 55 and 46 per cent, respectively, for Upper Egypt and rural Upper Egypt. The latter also has much higher MMR (544 in Assiut, 386 in Qena and 307 in Sohag). Female genital mutilation (FGM) is nearly universal. Studies reveal that 9 out of every 10 girls fall victim to the practice, although there are indications that attitudes may be changing. Female illiteracy remains high, at 38 per cent. The nationality law bars an Egyptian woman married to a non-Egyptian from giving her nationality to her children, which deprives them of their basic rights.

5. Estimates of working children range from 2 to 12 per cent of all children age 6 to 14. School drop-out rates are 32 and 19 per cent of working children in urban and rural areas, respectively. Family financial pressures and poor quality of education are the primary causes. Recent surveys show that 3 to 8 per cent of children under 18 suffer from some form of disability, but only 5 per cent of disabled children have access to the services they need.

6. Egypt's excellent media coverage offers opportunities to reach a large segment of the population. Over 90 per cent of households have access to television and radio. Recent studies indicate a need to improve the content of parenting and children's programmes and to address the preponderance of material biased towards the male, urban, middle-class population.

7. The United Nations system in Egypt is in the process of completing the Common Country Assessment, with "Children at Risk" as one of the themes. The United Nations Development Assistance Framework will be completed by

December 2000. The country team in Egypt has chosen to focus part of its joint programming efforts on girls' education. The United Nations Development Group has harmonized its programme cycles.

Lessons learned from past cooperation

8. The current country programme has an exceptionally long cycle of seven years, due to the need to harmonize cycles with United Nations agencies and government programmes. A key lesson is that the largely vertical approach adopted by the programme, designed to reach the end-decade goals, needs to be changed. Egypt's leadership has called for a holistic rather than sectoral approach. The difficulties that beset the Egyptian woman and girl child are so pervasive and fundamental that a multifaceted, long-term approach is needed. Efforts to monitor the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women would also gain from an integrated approach.

9. The current programme has largely contributed to maintaining immunization rates above 90 per cent. Sustained UNICEF and World Health Organization support to Egypt to eradicate polio has made this programme Egypt's strongest in identifying children whose rights to health and protection have been overlooked. The programme also contributed to making iodized salt available to 94 per cent of the population; improved access to and utilization of emergency obstetric services in 9 districts of Upper Egypt; raised awareness about saving mothers' lives; ensured quality education for 5,500 rural girls; contributed to improving the curriculum; and supported teacher training for 3,000 one-classroom schools.

10. Yet areas for improvement remain: UNICEF contributions to health sector reform should be more visible and explicit, and emergency obstetric care should be expanded to save more mothers and newborns. Access to education for rural girls needs to be addressed to combat female illiteracy. Better parenting should be integrated within a broader early childhood effort. The area-based programme could be more effective if it fully integrated sectoral inputs and interventions from government partners and UNICEF. (Lack of convergence and integration limited impact and led to its closure in June 1998.) The need for geographically focused activities to reduce disparities remains clear. Future efforts in this area will pay special attention to correcting earlier weaknesses, and will focus on the most disadvantaged areas in rural Upper Egypt.

Proposed country programme strategy

11. The overall aim of the country programme is to support national and local authorities, non-governmental organizations (NGOs) and community-based organizations in fulfilling their obligations to children and women. Special emphasis will be given to reducing disparities and promoting universal achievement of child rights. Guiding principles will be provided by the two Conventions, the World Summit for Children Declaration and Plan of Action, Egypt's Presidential Declaration of the Second Decade, and the country's Social Development Agenda.

12. Egypt's substantial progress in the right to survival and development has opened the way for a greater focus on protection. The programme of cooperation has four main areas, linked through a focus on the excluded. The first programme, *promotion and monitoring of children's and women's rights*, will seek to influence policy and create an enabling environment for government and non-governmental institutions to monitor and promote children's and women's rights. It will support national institutions and work with other United Nations agencies in monitoring the situation of children and women and the implementation of the two Conventions. Through support to NGOs, UNICEF will seek to institutionalize the role of NGO coalitions that have been established to promote, protect and monitor the rights of children and women. The programme will also contribute to promoting a culture of rights via the mass media.

13. The second programme, *support to national policies and programmes*, will ensure that children and women — especially the most vulnerable — remain at the centre of national policies and sectoral reform. The programme will: (a) promote the integration and mainstreaming of children's and women's rights, with specific policy and budget objectives, into the national five-year plan; (b) ensure that sectoral reforms and national policies emphasize access to quality services for the most vulnerable groups; and (c) make selective interventions at the national level to support such government efforts as the eradication of polio and the elimination of neonatal tetanus, as well as vitamin A, iodine and iron deficiencies.

14. The third programme, *special protection*, will support the Government in its efforts to reduce child labour and eliminate its most hazardous and exploitative forms; reduce childhood disability and ensure an improvement in the well-being of disabled children; and reduce domestic violence, FGM and sexual exploitation. Each of the three projects in this programme will have a national component that will contribute to national policies and strategies, as well as field-level interventions.

15. The fourth programme, on *integrated local development*, will target disadvantaged districts in the governorates of Assiut, Sohag and Qena, which rank among Egypt's poorest. The choice of districts takes into account the distribution of development funds. The programme will improve access to school for girls, from an average of 60 per cent to at least 70 per cent; improve deliveries by qualified personnel, from 33 per cent to at least 55 per cent; and increase access to safe sanitation, from 12 per cent to 25 per cent. Lessons learned from the past cycle will shape interventions by: addressing disparities in access to basic social services; providing experience to promote changes in policy; and promoting community-based development and empowerment. Reducing disparity in these most disadvantaged areas will be limited to small-scale, experimental field initiatives that yield policy lessons.

16. Egypt is rich in data and expertise. UNICEF will draw on these assets to build further capacity to monitor the situation of children and women in support of advocacy and policy dialogue. The programme intends to significantly strengthen capacity in this field. Baselines will be set and progress observed as part of an integrated monitoring and evaluation plan. Pilot projects will be clearly defined as such. Parameters of effectiveness will be set early to allow a more efficient transition from results-based testing to knowledge-based advocacy and large-scale replication.

17. Cross-sectoral costs will provide support for the effective delivery of each of the four programmes, specifically key staff functions in the area of finance, administration, supply and information technology, as well as operational costs, which are critical to ensuring programme implementation.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Promotion and monitoring of children's and women's rights	2 156	3 750	5 906
Support to national policies and programmes	2 156	7 500	9 656
Special protection	1 800	3 750	5 550
Integrated local development	3 589	7 500	11 089
Cross-sectoral costs	1 078	2 500	3 578
Total	**10 779**	**25 000**	**35 779**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.